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APPLICANTS

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**** CONTINUING DATA *******

sk This application is a DIV of 09/965,496 09/26/2001 PAT 6,726,049 which claims benefit of 60/235,482 09/26/2000

**** FOREIGN APPLICATIONS *******

sk None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **** SMALL ENTITY ****

**** 08/13/2003**

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NV	SHEETS DRAWING 9	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 1
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Verified and Acknowledged
 Examiner's Signature *sk* Initials

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TITLE
 COVERED DISHWARE

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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